

CLAIMS ONLY						Application Number		Filing Date							
						Applicant(s)									
* May be used for additional claims or amendments															
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT										
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep						
1	1						51								
2		1					52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
10	1						60								
11		1					61								
12		1					62								
13		1					63								
14		1					64								
15		1					65								
16	1						66								
17		1					67								
18		1					68								
19		1					69								
20		1					70								
21		1					71								
22		1					72								
23		1					73								
24	1						74								
25							75								
26							76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
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36							86								
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38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
Total Indep							Total Indep								
Total Depend							Total Depend								
Total Claims							Total Claims								